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Objectives

- Utilize the OSU-TBI screening measure, including additional items for ABI screening.
 - Define why screening is important
- Identify various types of Acquired Brain Injuries (ABI).
- Practice using the screening measure with 3 case scenarios
- Highlight proper referral processes and next steps after screening.

Disclaimers

- This is NOT a diagnostic tool, it is simply a screening tool for brain injury.
 - Diagnosis can come from a licensed and qualified professional.
- This measure, and the results of this measure, do NOT inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.
 - > Someone with a possible moderate-severe BI might not experience any long-term effects as a result, or may not have awareness of any effects.
 - Someone with a mild TBI might have a disability.
- Initial severity does NOT predict disability!

Why is Screening Important?

- Because you likely have clients who have suffered a brain injury and you don't know it yet!
- Why don't you know?
 - ABIs are usually not visible disorders,
 - People with ABI often:
 - Don't know that they have sustained a brain injury
 - Don't remember that they have a ABI
 - Or don't think it is relevant to report their history of ABI
 - People with ABI may not be aware of residual impairments that affect their functioning (anosognosia)
 - We don't routinely ask
 - Documentation may be lacking in medical records

Tips for Administration

- Sit across from the individual in a distraction free environment.
- Whenever possible, establish a positive rapport with the individual as it will yield more accurate results.
- Don't be afraid to ask questions.
- Record the data, and when completed, review your scoring to ensure accuracy.

OSU-TBI-ID

- Originally published in 2007 by John Corrigan, PhD
- A standardized procedure for eliciting lifetime exposure to TBI via a structured interview
- Strong psychometric properties
 - > See here for more info:
 - Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.

Why "Lifetime Exposure"

- Some TBI's are mild- some are severe.
- Sometimes people have multiple TBIs over their lifetime.
- TBI is a risk factor for another TBI
 - Once you have one TBI, you are 3 times more likely to have another....
- OSU TBI ID seeks to quantify the overall lifetime exposure to potentially multiple TBIs and their severity.
 - ➤ Ex. Physical abuse as a child, several car accidents throughout life, multiple concussions from sports, physical altercations while growing up, etc.

Ohio Valley Center for Brain Injury Prevention and Rehabilitation

- Web-based Training Module: TBI Identification Method may be viewed on this site
 - CEUs available here also
- Can find information on "Background for the OSU TBI Identification Method" and "Federally Funded Projects Using OSU TBI-ID" there as well
 - http://ohiovalley.org/informationeducation/screening/index.cfm



Clinical and Research Resources for OSU TBI-ID

- We utilize an adapted version of the OSU TBI-ID Short Version because:
- For clinical, research or programmatic purposes
- It can typically be administered in 5 minutes
- It can be used free of charge, and
- It can be used without further permission from the authors as long as no changes are made to the provided version.
- http://ohiovalley.org/tbi-id-method/

Adapted ABI items

- Introduced as a supplement to aid in identification of non-traumatic brain injury
 - Stroke/Bleed
 - Loss of oxygen
 - Lightning/electrocution
 - Infection
 - > Tumor
 - Brain surgery
 - Toxic exposure

Name:		Current Age:		Inte	rviewer Initials:			Date:			
Ohio State University TBI Identification N	Method + ABI — Inter	view Forn	n								
Step 1 Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to sak further about loss of consciousness or other injury details during this step. I am going to sak you about injuries to your head or neck that	Step 2 Interviewer instructions if the answer is "yes" to questions in Step 1, ask additional questions an chart below. 6. Were you knocked out or di	any of the the following d add details to	-	>	8 Interviewer instructi Ask the following questy include multiple below.	estions to b mild Title	and comple	te the char			Interviewer instruction: Ask the following questions to help identify other Acquired Brail Injury (ABI) and complete the chart below. am going to sak you about any other illness or medical problem you may
you may have had anytime in your life.	consciousness (LOC)?	,		multiple	, repeated impacts to military dutyj? If no,	o your head	(e.g. histor				eve had.
 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. 	If yes, how long?				hat was the typical o			ou dezed or	dld		Have you ever been told that you have had a stroke or bleading in you brain? Other words you my have heard include "ruptured aneuryam" or "infanct".
NO YES—Record cause in chart 2. In your lifetime, have you ever injured your head or neck in a	If no, were you dissed or did your memory from the injur		in .	What w	ou knocked out (Loss as the most severe e to the head?				d en	9	NO YIS—Record cause in chart Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or possing out after or
or accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV? NO YES—Record cause in chart	How old were you?			How old	were you when the	se repeated	Injuries beg	gan?			drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
3. In your lifetime, have you ever injured your head or neck in a full or from being hit by something (for example, falling from a bifue or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing	Step 1 Carge	Step 2 Lo No LOC		sciousness	(LDC)/knocked out	> 24 hrs	Dezed/N Yes	Mem Gap	Age	1	NO YES—Record cause in chart NO YES—Record cause in chart NO YES—Record cause in chart
sports or on the playground? NO YES—Record cause in chart										1	Have you ever had an infection in your brain? You may have heard the words "meningits" or "encephalits".
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?	If more injuries with LDC How Ma		rt knocked	out?	How many ≥ 30 min		ungect age?			1	NO YES—Record cause in chart No Have you ever had a tumor in your brain?
NO YES—Record cause in chart	Cause of repeated injury	David/memory gap, no LOC	LOC	Dated/ memory pap. me UCC	ECC (10 min	30 Min 24 les	LDC > 24 fee.	Regin	Ended	1	NO YES—Record cause in chart 3. Have you ever had brain surgery? This could have been surgery for
 In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents. 											epilepsy, shunt placement, or tumor removal. NO YES—Record cause in chart
NO YES—Record cause in chart	Step 4 Cargo	Medic	ation (Y/	N)	Hospitali	zation (Y/N	0	Ae		1	 Have you ever been exposed to taxic hispards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoside.
if the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.											NO YES—Record cause in chart

	Name:	Current Age:		Inter	rviewer Initials:			Date:		
	Ohio State University 15. Sentification Me	ethod + ABI — Interview Form								
	Step 1	Step 2	8	Step 8						Step 4
	Ask quest* 1.55 below. Necon* x cause of each reported injury and any details prov. A spontaneously in the chart at the bottom of this page. Ye is not need to sak further about loss of consciousness or aer injury details during this step.	interviewer instruction: If the answer is "yes" to any of the questions in Step 1, ask the following additional questions and add details to ti chart below.		\ <u>.</u>	nterviewer instructi uk the following qu ney include multiple selow.	estions to i				Interviewer instruction: Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.
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	In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.	If you how long?			hat was the typical o			ou dezed or	dld	B. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you my have heard include "ruptured aneurysm" or "infanct".
	NO YES—Record cause in chart	If no, we you deced or did you have a gap in	\ \	Vere you	u knocked out (Loss	of Consciou	usness - LOC	35		NO YES—Record cause in chart
	In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV? NO YES—Record cause in chart	your mell ony from the injury? How old here you?	H	mpact to	is the most severe of the head? were you when the				den	9. Have you ever been told that you have had a loss of oxygen to the brein? This could result from Issing consciousness or passing out after a drug overdose, strongulation, near-drowning, heart back/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
	3. In your lifetime, have you ever injured your head or neck in a		╛							NO YES—Record cause in chart
	fall or from being hit by something (for example, falling from a bits or horse, rollerblading, falling on ice, being hit by a	Stop 1 Stop 2	of conscio	USTASS	(LDC)/knocked out		Deped/8	Aem Gap		10. Have you ever been electrocuted or struck by lightning?
	rock]? Have you ever injured your head or neck playing sports or on the playground?	No LOC	< 30 M	_	30 Min-24 hrs	> 24 hrs	Yes	No	Age	NO YES—Record cause in chart
	NO YES—Record cause in chart			\dashv						 Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
	In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shakan			\dashv					П	NO YES—Record cause in chart
	violently? Have you ever been shot in the head?	If more inj. es with LOC How Many?Longest Step 2	nocked out	9	How many ≥ 30 min		ungest age?			12. Have you ever had a tumor in your brain?
	NO YES—Record cause in chart	Cau of repeated injury Dead/memory gap, so UCC		and/ eny pap.	100 < 10 min	l	LOC > 24 les.	Regin	Ended	NO YES—Record ceuse in chert
	5. In your lifetime, have you ever been nearby when an		Η.	T. C.						 Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
\	explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.		+	\dashv						NO YES—Record cause in chart
•	NO YES—Record cause in chart	Stop 4	on (Y/N)	(V/N) Roughtsilization (Y/N) Are						 Have you ever been exposed to toolc histerial? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon manassis.
	Intercureer instruction: If the anteres to any of the above questions are "yes," go to Step 2. If they lowers to all of the above questions are "yes,"	- Maria	en (17rd)	\exists			•	Age		NO TIS-Record cause in chart

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

Yes – Record cause in chart

No

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?

Yes – Record cause in chart

No

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

Yes – Record cause in chart

No

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

Yes – Record cause in chart

No

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

Yes – Record cause in chart

No

Name:		Current Age:	Inte	rviewer Initials:			Date:		
Ohio State University TBI Identification N	Method + ABI — Inter	view Form							
Step 1	Step 2		Step	3					Step 4
Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.	Inter* answer is "yes" to questions in Step 1, ask additional questions an chart below.	the following		nterviewer instructik talt the following qui may include multiple selow.	estions to be				Interviewer instruction: Ask the following questions to help identify other Acquired Brail Injury (ABI) and complete the chart below.
I am going to ask you about injuries to your head or neck that you may have hed anytime in your life.	6. Were you knocked out or disconsciousness (LOC)?	you lose	multiple	you ever had a perior , repeated impacts to nilitary dutyj? If no, s	your head	e.g. histor			I am going to ask you about any other illness or medical problem you may have had.
In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.	If yes, how long?			hat was the typical o			ou dezed or did	'	 Have you ever been told that you have had a stroke or bleeding in you brein? Other words you my have heard include "nuptured aneuryam" or "infanct".
NO YES—Record cause in chart	If no, were you desed or did your memory from the injur			u knocked out (Loss					NO YES—Record cause in chart
In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bloycle, motorcycle or ATV? NO YES—Record cause in chart	How old were you?		Impact t	as the most severe ef to the head? were you when thes					 Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strongulation, near-drawning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical proordure, exacusive blood loss, complications of anesthesia.
In your lifetime, have you ever injured your head or neck in a fail or from being hit by something (for example, failing from a bike or home, rollerblading, failing on ice, being hit by a	Regil			(LDC)/knocked out		D10	Mem Gap		NO YES—Record cause in chart 10. Have you ever been electrocuted or struck by lightning?
rock)? Have you ever injured your head or neck playing sports or on the playground?	Cause	No LOC	y 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No A	6*	NO YES—Record cause in chart
NO YES—Record cause in chart								- ¹	 Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken									NO YES—Record cause in chart
widently? Have you ever been shot in the head?	If more injuries with LOC How Ma Stop 8	1)7 Longest in Typical Effect	ocked out?	How many ≥ 30 mins Most Separa		ingest age?	Age	<u> </u>	12. Have you ever had a tumor in your brain?
NO YES—Record cause in chart	Cause of repeated injury	Depet/memory gap, no LOC	OC Danel/	LOC < 30 min	30 Min 24 les	LDC > 24 les.	Regin So	twel ,	NO YES—Record cause in chart 13. Have you ever had brain surgery? This could have been surgery for
 In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents. 								$\exists \mid$	epilepsy, shunt placement, or tumor removal. NO YES—Record cause in chart
								ַ ן	14. Have you ever been exposed to taxic hezards? This could result from
NO YES—Record cause in chart	Step 4 Cause	Medicatio	n (Y/N)	Hospitalis	sation (Y/N)		Age		exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.
Interviewer instruction:									Data Data Bassad association
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.								+	NO YES—Record cause in chart
								Π'	

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1	Step 2						
Cause	Los	ss of consciousness	Dazed/N	Ago			
Cause	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No	Age
If more injuries with LOC: How Man	y?Longes	t knocked out?	How many ≥30 min	s.?Yo	ungest age?		

Name:		Current Age:	Inte	rviewer Initials:		Date:		
Ohio State University TBI Identification N	Method + ABI — Inter	view Form						-
Step 1	Step 2		Step 8				. 8	ep 4
Ask questions 1-5 below. Record the cause of each reported injury and any details provided apontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.	Interviewer Instruction: If the answer is "yes" to questions in Step 1, sale additional questions and chart below.	any of the the following		wer instruction: Lik the following question may include multiple mild selow.				Interviewer instruction: Auk the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.
I am going to ask you about injuries to your head or neck that you may have had anytime in your life.	Were you knocked out or did consciousness (LOC)?	you lose	multiple	you ever had a period of ti repeated impacts to your nlittery dutyj? If no, skip to	head (e.g. histor			m got or to ask you about any other illness or medical problem you may we has
 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. 	If yes, how long?			hat was the typical or usual a gap in your memory fro		u dezed or did	8.	Have yo ever been told that you have had a stroke or bleeding in your brain? It has words you my have heard include "nuptured aneuryam" or "inforct"
NO YES—Record cause in chart	If no, were you diszed or did- your memory from the injury			u knocked out (Loss of Cor				NO YES—Record cause in chart Have au ever been told that you have had a loss of caygen to the
In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bloycle, motorcycle or ATV? NO YES—Record cause in chart	How old were you?		Impact t	is the most severe effect fro the head? were you when these rep				brief This could result from issing consciousness or passing out after a dr. overdase, strangulation, near-drowning, heart attack/heart spping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.
In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerbiading, falling on ice, being hit by a rock!? Have you ever injured your head or neck playing sports or on the playground?	Step 1 Cause		naciousness 30 Min	The same of the sa	ints Yes	No Age	10	NO YES—Record cause in chart Have you ever been electrocuted or struck by lightning? NO YES—Record cause in chart
NO YES—Record cause in chart							111	Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?	If more injuries with LOC How Man	y? Longest in ocke	ed out?	How many ≥ 30 mins.?	Youngest age?	Ann]	NO YES—Record cause in chart Have you ever had a tumor in your brain?
NO YES—Record cause in chart	Cause of repeated injury	Daniel/money LOC	Danel/ mesory pap. mesor	LOC < 80 min 80 Min	20 les 100 > 20 les.	Regin Ended] ,	NO YES—Record cause in chart Have you ever had brain surgery? This could have been surgery for
 In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents. 								epilepsy, shunt placement, or tumor removal. NO YES—Record cause in chart
NO YES—Record cause in chart	Step 4 Cause	Medication (Y	/N)	Hospitalization	(Y/N)	Age	14	Here you ever been exposed to toolc hecerds? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon manaside.
Interviewer instruction: If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.								NO YES—Record cause in chart

Step 3

Interviewer instruction:

Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 3	Typical Efi	ect		Most Severe Effect						
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	30 Min-24 hrs	Min-24 hrs LOC > 24 hrs.		Ended		

Adapted Items to assess ABI: Step 4

Name:		Current Age:	Inte	rviewer Initials:		0	lete:			
Ohio State University TBI Identification M	Method + ABI — Inter	view Form								
Step 1 Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.	Step 2 Interviewer instruction If the answer is "yes" to questions in Step 1, sale additional questions an chart below.	any of the the following		8 Interviewer kutructi Ask the following qu mey include multiple below.	estions to help					Anylower instruction: Aux the following questions to help identify other A. Yed Brain injury (AIX) and complete the chart below.
I am going to ask you about injuries to your head or neck that you may have had anytime in your life.	Were you knocked out or disconsciousness (LOC)?	d you lose	multiple	you ever had a perio , repeated impacts t military duty)? If no,	o your head (e	ug. history				am going to ask you about any other illness or medical problem you may save had.
In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or nack? Think about any childhood injuries you remember or were told about.	If yes, how long?			hat was the typical o			dazed or	/	ı	 Have you ever been told that you have had a stroke or bleeding in your brain? Other words you my have heard include "nuptured oneuryam" or "injunct".
NO YES—Record cause in chart 2. In your lifetime, have you ever injured your head or neck in a	If no, were you deced or did your memory from the injur		What w	ou knocked out (Loss as the most severe e to the head?				d an	9	NO YES—Record cause in chart Note: Nave you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or possing out ofter a
oar accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV? NO YES—Record cause in chart	How old were you?		How old	were you when the	se repeated in	(urles bega	n?			drug overdase, strangulation, neor-drowning, beart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, compilications of anesthesia.
In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from	Step 1	Step 2					-		1	NO YES—Record owns in chart No Have you ever been electrocuted or struck by lightning?
a bike or horse, rollerbiading, falling on ice, being hit by a rock!? Have you ever injured your head or neck playing sports or on the playground?	Cause		consciousness < 30 Min	30 Min-24 hrs	> 24 hrs	Dezed/Me Yes	em G o	Age		NO YES—Record cause in chart
NO YES—Record cause in chart							+		1	Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken										NO YES—Record cause in chart
violently? Have you ever been shot in the head?	If more injuries with LOC How Ma Step 2	Typical Effect	cked out?	How many ≥ 30 min		gest age?	_ \		1	2. Have you ever had a tumor in your brain?
NO YES—Record cause in chart	Cause of repeated injury	Depet/memory pap. no LOX	C Desert/ memory pay.	100 × 10 min	30 Min 24 les 10	0C > 24 les.	Regis	national I		NO YES—Record cause in chart
In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military,								\mathbf{H}	1	 Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
think about any combat- or training-related incidents.										NO YES—Record cause in chart
NO YES—Record cause in chart	Step 4	Medication	DY/NO	Hospitali	cation (Y/N)		14*		\\	A. Have you were been exposed to toxic hazards? This asuld result from exposure to lead, mercury, uranium/radiation, environmental hazards or carbon manasside.
Interviewer instruction:							V			
If the answers to any of the above questions are "yes," go to						\rightarrow				NO YES—Record cause in chart
Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.										
								\neg	_	

8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct"

No

Yes – Record cause in chart

9. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug/alcohol overdose, being choked/strangled, near-drowning, heart attack / heart stopping, breathing stopped, inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

10. Have you ever been electrocuted or struck by lightning?

No

Yes – Record cause in chart

11. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis"

No

Yes – Record cause in chart

12. Have you ever had a tumor in your brain?

No

Yes – Record cause in chart

Step 4 continued

13. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal

No

Yes – Record cause in chart

14. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide

No

Yes – Record cause in chart

Step 4			
Cause	Medication (Y/N)	Hospitalization (Y/N)	Age

SCORING CRITERIA

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

Classifying Worst TBI (circle one):

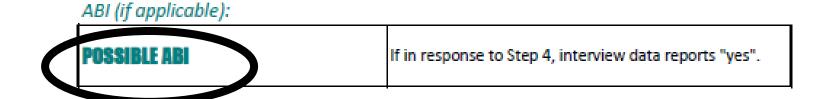
IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
POSSIBLE MILD TBI / CONCUSSION With loc	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
POSSIBLE MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
POSSIBLE SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.

ABI (if applicable):

POSSIBLE ABI	If in response to Step 4, interview data reports "yes".
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When Scoring Step 4 Items

- We weigh those ABI questions in Step 4 differently than the first 3 TBI steps.
 - Only TBI severity is quantifiable by LOC...
- Score any Step 4 items marked as:
 - **POSSIBLE ABI**



Case Example

Maria

- > 51 year old Caucasian female.
- Completed 14 years of school and worked as property manager
- Possible undiagnosed and untreated injuries from parental abuse from toddler to 9th grade.
 - Unknown typical/most-severe effects
- Brain Injury (with brief LOC) in 8th grade from being assaulted by 5 females
- 2014 Motorcycle accident:
 - Hospitalized
 - LOC was moderate, but less than 1 day
 - Memory and frontal lobe impairment; anosmia

Case Example Screening

Ohio State University TBI Identification N	lethod + ABI - Inter	view Forn	n							
Step 1 Ask questions 3-5 below. Incord the cause of each reported injury and any details rowided appetaneously in the chart at the bottom of this page. You do not need to sak further about loss of consciousness or other injury details during this step.	Step 2 Interviewer instruction of the answer is "yes" to questions in Step 1, asi additional questions an chart below.	: o eny of the i, the following		1	terviewer instruct is the following quely include multipli sy include multipli slow.	metions to b			thet	It's 14 Interviewer instruction: Ask the following questions to help identify other Acquired Bro Injury (ABI) and complete the chart below.
am going to ask you about injuries to your head or neck that you may have had anytime in your life.	6. Were you knocked out or di consciousness (LOC)?	ld you lose		multiple,	ou ever had a perio repeated impacts t litery dutyj? If no,	o your head	(e.g. history			m going to ask you about any other liness or medical problem you may we had.
 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. 	If yes, how long?			if yes, who	otenti et was the typical e gap in your men knocked out (Loss	or usual effe ony from the	ct were yo injury?	u dazed o	e.	Have you ever been told that you have had a stroke or bleeding in you brain? Other words you my have heard include "nuptured aneurysm" of "influret". The property of the control or the
NO S—Record cause in chart 2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a blocks, motorcycle or ATV? NO S—Record cause in chart	If no, were you desed or did your memory from the inju How old were you?	7	in .	What was	the most severe a the head? were you when the	flect from a	ne of the tin	nes you he	dan 9.	Have you ever been told that you have had a loss of oxygen to the brain? This could next from hairig consciousness or passing out offer drug overdose, strongulation, near-drowing, heart attack/heart stopping, breathing stopped or inability to wake up offer a medical proordure, excessive blood loss, complications of anesthesia.
3. In your lifetime, here you ever injured your head or neck in a full or from being hit by something (for example, fulling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Here you ever injured your head or neck playing sports or on the playground?	Step 1 Carge	No LOC		aciousness 0 Min	LOCI/knocked out 30 Min-24 hrs	> 24 hrs	Dezed/N Yes	lem Gap	Age 10	155—Record cause in chert I. Have you ever been electrocuted or struck by lightning? 150 1755—Record cause in chert
apera or on an paygrouner	MVA				X		X		48 11	L. Have you ever had an infection in your brain? You may have heard the
O YESRecord cause in chart	Assault			X					13	words "meningitis" or "encephalitis".
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?	If more injuries with LDC How Ma		et knocke	t out?	How many 2 30 min		ingest age?			TES—Record cause in chert L. Have you ever had a tumor in your brain?
NO S—Record cause in chart	Cause of repeated injury	Cased/memory pay, so LCC	LOC	Danel/ many pay. as LOC	EOX - NO min	NO Miles (M. law)	10C > 24 les.	tagt.	Stated	O TS-Record cease in chert
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.	Abuse		Un	knov	vn			3	15	Have you ever had brein surgery? This could have been surgery for epilepsy, shart placement, or tumor removal.
To TYES—Record cause in chart	Step 4	Medic	ation (Y)	70	Hospital	antion (Y/N		Ag		Have you ever been exposed to toxic hexards? This could result from exposure to lead, mercury, aronium/radiation, environmental hazards or carbon monoside.
nterviewer instruction: If the answers to any of the above questions are "yes," go to tap 2.8 the answers to all of the above questions are "no," has proceed to Step 3.										TES—Record cease in chart

Real Results

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this sale. You do not head to ask further about loss of consciousiness or other injury details during this step. I am going to ask you about injuries to your head or neck that you may have had anytime in your life. 1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. NO	Step 2 Interviewer instruction. If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below. 6. Were you knotked out or did you lose consciousness (LOC)? If yes, how long? If no, were you deced or did you have a gap in your memory from the injury?	Interviewer instructions Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)? If no, were you deced or did you have a gap in your memory from the injury?	Interviewer instruction: Ask the following questions to help identify other Aquired Brain Invery (ABI) and complete the chart below that go to ask you about any other illness or medical problem you may have had. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you my have heard include "ruptured onewysm" or "Infanct" NO YES—Record cause in chart I have you ever been told that you have had a loss of oxygen to
2. In your lifetime, have you ever injured your head or neck in a car actident or from crashing same other moving vehicle like a bicycle, motorcycle or ATV? NO VES—Record cause in chart 3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground? NO VES—Record cause in chart 4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from head or neck in a fight, from being hit by someone, or from head or neck in a fight, from being hit by someone, or from	moto cycle >	What was the most severe effect from one of the times you had an impact to the head? How old were you when these repeated injuries began? Ended? Outside State of the severe effect from one of the times you had an impact to the head? Ended? Outside State of the severe effect from one of the times you had an impact to the head? Ended? Outside State of the severe effect from one of the times you had an impact to the head? Ended? Outside State of the severe effect from one of the times you had an impact to the head?	the brain? This could result from losing consciousness or passing out offer a drug overdase, strangulation, near-drowning, hears artack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia. NO YES—Record cause in chart 3. Have you ever been electrocuted or struck by lightning? 4. Have you ever had an infection in your brain? You may have heard the wards "maningits" or "encephalits"
being shaken violently? Mave you ever been shot in the head? NO VES—Record cause in chart In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents. NO VES—Record cause in chart Interviewer instruction: If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.	If more injuries with LOC: How Milary? Longest Anochor Step 3 Cause of repeated injury Date o	Most Severe Effect Age Description Description LDC = 30 rain 38 Min-zelves LCC > zelves. Begin Enteled as total	5. Have you ever had a tumor in your brain? 6. Have you ever had brain surgery? This could have been surgery for epilepsy, share placement, or tumor removal. 7. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/indication, environmental hazards, or carbon monoxide. 7. YES—Record cause in chart

Adapted from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trawno Rehabilitation.

Prevention and Rehabilitation.

SCORING CRITERIA

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

Classifying Worst TBI (circle one):

	IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.					
		If in response to question #6, interview data reports being dazed or having a memory lapse.					
		If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.					
	PHSSIRIE MIIIIERATE IRI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.					
	PHSSIKI F SEVERE I RI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.					

ABI (if applicable):

POSSIBLE ABI	If in response to Step 4, interview data reports "yes".
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Practice Cases

- We have 3 case studies to practice together.
- We will review each case study and details described in order to be prepared to complete the screening form.
- We will complete the screening forms together and answer questions and clarify information accordingly.

Remember that this is a screening tool and not a diagnostic tool as you complete it and review your findings.

Case Example #1

James

- > 57 y.o. Caucasian male- unmarried, worked in factory for 25+ years
- > 1st TBI- Had MVA in 2012
 - > LOC for 5 minutes, reported mild chest pain at scene but refused medical attention.
- Returned to work following MVA
 - Complained of pain from ribs so saw PCP who ordered xrays dx broken ribsprescribed Oxycontin for pain.
- Began having difficulties at home and work:
 - Making errors on tasks, written up for these errors, balance and vision changes
 - Mood lability, Increasing irritability
- Key incident threw hot coffee on a co-worker; escorted out of the building
- Lost job and use of Oxycontin increased. Filed for unemployment.
- ➤ Had 2nd MVA while under the influence of Oxycontin in 2013. NO LOC reported or medical f/u.
- Arrested for DUI. Probation officer did OSU screening. Potential mTBI determined.
- Sent for NY evaluation for Dx. Dx with mTBI and SUD.
- > TBI assistance- Participating in speech, vision, vestibular, & neuropsychology rehabilitation therapies for the past year.
- Therapy team and social work at program working with SUD provider to collaborate to help James.

James's OSU-TBI-ID + ABI Rating

Ohio State University TBI Identification M	ethod + ABI — Inter	view Forn	n									
Step 1 Step 2				Step 3						Step 4		
ak questions 1-5 below. scord the cause of each reported injury and any details rovided spontaneously in the chart at the bottom of this page, on do not need to sak further about loss of consciousness or ther injury details during this step.				Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.						Interviewer Instruction: Aut the following questions to help identify other Acquired Brail Injury (ABI) and consplete the chart below.		
em going to saik you about injuries to your head or neck that ou may have had arrytime in your life.	Were you knocked out or did you lose consciousness (LOC)?			multiple, r	u ever had a perk epeated impacts t itery dutyj? If no,	to your head	(e.g. history	of abuse,		I am going to ask you about any other Illness or medical problem you may have had.		
In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or next/? Think about any childhood injuries you remember or were told about.					t was the typical gap in your men		ct were yo		dld	 Have you ever been told that you have had a stroke or bleeding in your brein? Other words you my have heard include "nuptured aneurysm" or "injustr". 		
TIS—Record cause in chart In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bloods, motorcycle or ATV? NO S—Record cause in chart	If no, were you deted or did your memory from the injur How old were you?		Were you knocked out (Loss of Consciousness - LOC)? What was the most severe effect from one of the times you had an impact to the head? How old were you when these repeated injuries began? Ended?						9. Have you ever been told that you have had a loss of oxygen to the brein? This could nesult from losing consolvamess or passing out after drug overdose, strongulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to easile up after a medical procedure, excessive blood loss, compilications of anesthesia.			
rour lifetime, have you ever injured your head or neck in a or from being hit by something (for example, falling from like or horse, rollerblading, falling on ice, being hit by a ki? Have you ever injured your head or neck playing orts or on the playground?	MVA MVA	No LOC	ss of conso	Min	DCI/knocked ou 30 Min-24 hrs	> 24 hrs	Dezed/N Yes	No	53 54	10. Have you ever been electrocated or struck by lightning? 11. Have you ever had an infection in your brain? You may have heard the search "meningitial" or "encephalitia".		
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?	If more injuries with LOC How Ma		-	out?	low many 2 30 mil		ungest age?	As .	54	12. Have you ever had a tumor in your brain?		
0 TYES—Record cause in chart	Cause of repeated injury	Cased/memory gap, no LCC	LOC -	Denty per se tox	500 < 80 min	NO Miles 24 her	LOC > 24 les.	tegis	Stated	13. Have you ever had brein surgery? This could have been surpery for		
In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.										epilepsy, shunt placement, or tumor removal. O 115—Record cesse in chert		
0 TYES—Record cause in chart	Step & Cruze	Medic	ation (Y/N	0 1	Hospita	lastion (Y/N	0	Ap		 Have you ever been exposed to toolc hazerfu? This could result from exposure to lead, mercury, aronium/radiation, environmental hazard or carbon monoxide. 		
erviewer instruction: the answers to any of the above questions are "yes," go to p p 2. If the answers to all of the above questions are "no," or proceed to Step 3.								_		□ □ 115—Record cezze in chart		

SCORING CRITERIA

Classifying Worst Injury (circle one):

	IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.					
		If in response to question #6, interview data reports being dazed or having a memory lapse.					
	MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.					
	MILLIE RATE IN	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.					
	SPUPRE IKI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.					
	POSSIBLE ABI	If any responses are marked in Step 4 = YES.					

Case Example #2

Mary

- > 40 y.o. female
- History of "multiple" brain injuries
 - > 1st TBI- passenger in MVA- Age 8
 - > LOC 10 minutes, Taken to ER and D/C home same day with mom.
 - > Poor grades in elementary school and on.
 - Started drinking and substance use at age 12
 - > 2nd TBI- Hit as a pedestrian while intoxicated crossing the street- age 17
 - ICU- coma for 2 days, inpatient rehab (PT, OT, SLP) but no outpatient (no funding/insurance).
 - Mandated through court to SUD rehab. program.
 - 3-5 TBIs- Multiple fights with hits to the head- Ages 12-20
 - > No LOC any of the times but reports being dazed and vision changes. No medical care.
- Continued complaints
 - Long history of psychiatric issues including anger outbursts, multiple SUD relapses
 - Short-term memory problems
 - Poor social relationships
- Obtained an Associate's Degree in 2011
- Very unstable work history

Mary's OSU-TBI-ID + ABI Rating

ame:		Current Age:	!	nterviewer Initials:			ute:		
Ohio State University TBI Identification N	Method + ABI — Inter	view Forn	n						
tep1	Step 2		Ste	p 8					Step 4
ak questions 1-5 below. scord the cause of each reported injury and any details routided sponteneously in the chart at the bottom of this page, ou do not need to ask further about loss of consciousness or ther injury details during this step.	Interviewer instruction: If the answer is "yes" to any of the questions in Step 1, ask the following			Interviewer instruct Auk the following q may include multipl below.	sections to b			Interviewer instructions Aut the following questions to help identify other Acquired Brining (ASI) and consplete the chart below.	
am going to ask you about injuries to your head or neck that ou may have had anytime in your life.	Were you knocked out or did you lose consciousness (LOC)?			ve you ever had a peri ple, repeated impects a, military duty)? If no,	to your head	(e.g. history		ritect	I am going to sak you about any other lineas or medical problem you may have had.
In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or next? Think about any childhood injuries you remember or severe told about.	If yes, how long? If no, were you deted or did you have a gap in your memory from the injury? How old were you?			Yes If yes, what was the typical or usual effect – were you desed or did you have a gap in your memory from the injury? Were you knocked out (Loss of Consciousness - LOC)? What was the most severe effect from one of the times you had an impact to the head? Nausea, vision changes How old were you what these repeated injuries began? Ended?					B. Have you ever been told that you have had a stroke or bleeding in your brein? Other words you my have heard include "ruptured aneurysm" or "infacts". 10 TES—Record ceuse in chert 9. Have you ever been told that you have had a loss of oxygen to the brein? This could result from losing consciousness or passing out after drug overdose, strongulation, near-drowning, heart attack/heart stopping, breathing stopped or includity to wake up after a medical proordure, excessive blood loss, compilications of anesthesia.
NO PRecord cause in chart									
L. In your lifetime, here you ever injured your head or neck in a ow accident or from crashing some other moving vehicle like a bloyde, motorcycle or ATV? NO SS-Record cause in chart									
- In your lifetime, have you ever injured your head or neck in a									WO YES—Record cause in chart
fall or from being hit by something (for example, falling from	Rep 1		20 TO 10					10. Have you ever been electrocuted or struck by lightning?	
a bike or home, rollerblading, felling on ice, being hit by a rock(? Have you ever injured your head or neck playing sports or on the playground?	Chime			Conaciousness (LDC)/knocked out Dezed/Mem Gap					NO TES-Record ceute in chart
	MVA		Х	111				8	11. Have you ever had an infection in your brain? You may have heard th
NYESRecord cause in chart	Hit by car				l v			17	words "meningitis" or "encephalitis".
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken	Title 15 y Car				_^			7	9 TS-Record cause in chart
violently? Have you ever been shot in the head?	If more injuries with LOC How Ma	ny?Longm	et knocked out? _	How many = 30 mi	14.7 Yo	ungest age? _	-		12. Have you ever had a tumor in your brein?
NO TE-Record cause in chart	Cause of repeated injury	Cased/memory gas, no LOC	LOC -	IOC + 10 min	10 Min 24 les	LDC > 24 les	tegh.	trade-d	N PTS—Record cause in chart
- In your lifetime, have you ever been nearby when an	-		∞ 10				43	20	 Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
explosion or a blast occurred? If you served in the military, think about any combet- or training-related incidents.	Fights/assau	ilts X					12	20	N TS-Record cease in chert
NO VES-Record cause in chart	Step 4			-					 Have you ever been exposed to toxic hizzeris? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards
terviewer instruction:	Grae	Cause Medication		(Y/N) Hospitalization (Y/N) Age				-	or carbon monoxidis.
serverer statuscoor. The entirers to any of the above questions are "yes," go to ap 2. If the answers to all of the above questions are "no," are proceed to Step 3.						\rightarrow		+1	N TES-Record cause in chart

SCORING CRITERIA

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.
MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.
POSSIBLE ABI	If any responses are marked in Step 4 = YES.

Case Example #3

Fred

- > 24 y.o. male
- Learning disorder diagnosis since childhood
- > 1st ABI- Reported oxygen loss during medical procedure at age 16.
 - Medicated and hospitalized, Had limited outpatient rehabilitation
- Dropped out of school at age 17
- Began using crystal meth.
- 2nd and 3rd ABI- 2 overdoses at age 23
 - Friend used Zarcan to revive x 2
 - Did not go to hospital.
 - Short-term memory problems
 - Volatile temper
 - Poor social relationships
- Enlisted in Army after H.S.
- 4th and ... TBIs- Several repeat blast injuries while on duty
 - Reported no LOC for these blasts but significant memory loss.
 - Army medical evaluation led to D/C.

Fred's OSU-TBI-ID + ABI

Name:		Current Age:	Intervie	rwer Initials:		Date:	
Ohio State University TBI Identification M		view Form					
Step 1	Step 2		Step 3				Step 4
alt questions 1-5 below. accord the cause of each reported injury and any details rounded spontaneously in the cleart at the bottom of this page, ou do not need to ask further about loss of consciousness or ther injury details during this step.	interviewer instruction if the answer in "yee" o questions in Step 1, asi additional questions as chart below.	Ank	rviewer instructions the following questions include multiple mild Ti w.			Interviewer instruction: All the following questions to help Mentify other Acquired Brain injury (ASI) and consplete the chart below.	
em going to saik you about injuries to your head or neck that ou may have had arrytime in your life.	Were you knocked out or disconsciousness (LOC)?	multiple, reg	ever had a period of tim peated impacts to your h ary dutyj? If no, skip to S	end (e.g. histo		I amigoing to ask you about any other Illness or medical problem you may have had.	
 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or next/? Think about any childhood injuries you remember or were told about. 	If yes, how long?	if yes, what	eat Blasts was the typical or usual or pap in your memory from	ffect were y		8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you my have heard include "ruptured aneuryste" or "injusts". 100 YES—Record cause in chert 9. Have you ever been told that you have had a loss of oxygen to the brain? This could ness if you cause you can be always an againing set often a drug overdose, strongulation, near-downing, heart attack/heart stopping, breathing stopped or indulity to wake up after a medical	
O TYES—Record cause in chart	If no, were you deted or did your memory from the inju	Were you kn	nocked out (Loss of Cons	dousness - LO	q7		
In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a blogde, motorcycle or ATV?	100	Impact to th	Memory	_	imes you had an		
O YES—flecord cause in chart	Maw old were you?	Ended?				proacture, executive blood loss, complications of anesthesis. Med procedure and OE	
In your lifetime, have you ever injured your head or neck in a							NO S-Record cause in chart
fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a	Rep1	Step 2	conaciousness (LC	Cl/knocked out	Deced/	Mem Gap	10. Have you ever been electrocuted or struck by lightning?
rock() Have you ever injured your head or neck playing sports or on the playground?	Blasts	No LOC		30 Min-24 hrs > 24 h	rs Yes	No Age	ND YES—Record cause in chart
0 TIS—Record cause in chart	Diasts	X	_		X	18-23	 Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis".
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken					+		YES—Record cause in chart
violently? Have you ever been shot in the head?	If more injuries with LOC How Ma	any? Longwet knoc Typical Lines	sked out? Ho	ow many 2 30 mins.7	Youngest age		12. Have you ever had a tumor in your brain?
O YES—Record cause in chert	Cause of repeated injury	Dead/memory LO	David/ C mesony gap.	100 < 10 min 10 Min 2	100 × 24 les	Regin Stated	13. Have you ever had brain surgery? This could have been surgery for
in your lifetime, here you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.	Blasts- se					18-23	epilepse, shunt placement, or tumor removal.
and account of surrounding and account of the surrounding of the surro	Drug OD x	2- See	pelov	N		23	14. Have you ever been exposed to took hazards? This could result from
NO S-Record cause in chart	Stop & Course	Medication	(Y/N)	Hospitalization (r/N)	Age	exposure to lead, mercury, uronium/radiation, environmental hazards, or carbon monoxide.
erviewer instruction:	ledical proce			Yes		16	○ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
the enswers to any of the above questions are "yes," go to so 2. If the enswers to all of the above questions are "no."							TISRecord cause in chart
en proceed to Step 3.	Drug OD x	2 Nar	can 📗	No		23	-

SCORING CRITERIA

Classifying Worst Injury (circle one):

IMPROBABLE TBI	If all interview questions #1-5 are "no" or if in response to question #6, interview data reports never having LOC being dazed or having memory lapses.				
POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC	If in response to question #6, interview data reports being dazed or having a memory lapse.				
MILD TBI / CONCUSSION WITH LOC	If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.				
MODERATE TBI	If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.				
SEVERE TBI	If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.				
POSSIBLE ABI	If any responses are marked in Step 4 = YES.				

When there is a positive screening result for a potential acquired brain injury, be sure to provide the following information in a constructive, reassuring way:

- Reassure them that just because there may be a potential BI, does not mean they have a you or a brain injury professional can refer to healthcare professional who could make a formal diagnosis.
- > Since we now know about this history, maybe there is something that can be done to help
- > Their family may need to know so they can better understand what your experiencing
- > This information may help them to obtain accommodations for the effects of a potential BI

What To Do Next?

When the individual screens positive for a possible brain injury:

Refer the client a local brain injury professional or to Brain Injury Association of America (1.800.444.6413 or www.biausa.org). They may refer the client out to seek diagnostic clarification and possible treatment recommendations:

- Primary Care Physician (PCP)
- Neurologist
- Physical Medicine & Rehabilitation (PM&R) Doctor
- Neuropsychologist

Key Points to Remember

- This is NOT a diagnostic tool, it is simply a screening tool for brain injury.
- Diagnosis may come from a licensed and qualified professional.
- This measure, and the results of this measure, do NOT inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.

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Questions?



Thank you!